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N. Kenneth Burraston

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DATE: January 13, 2006

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16 NUMBER OF PAGES INCLUDING COVER SHEET

COMMENTS: Transmitted herewith is a Transmittal Form, Fee Transmittal, Credit Card
Payment Form, Amendment After Final for:

App. No.: 10/003,012

Confirmation No.: 3257

Applicant: Benjamin N. Eldridge

Filed: November 2, 2001

TC/A.U.: 2829

Examiner: Vinh P. Nguyen

Docket No.: P164-US

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/003,012

Filing Date November 2, 2001

First Named Inventor Eldridge et al.

Art Unit 2829

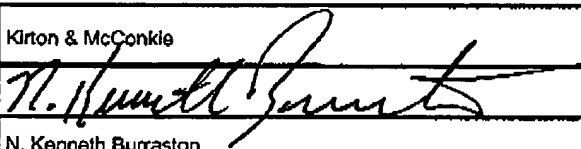
Examiner Name Vinh P. Nguyen

Attorney Docket Number 20206-15

ENCLOSURES (Check all that apply)

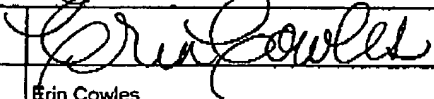
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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Firm Name	Kirtan & McConkie		
Signature			
Printed name	N. Kenneth Burraston		
Date	January 13, 2006	Reg. No.	39,923

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Typed or printed name	Erin Cowles	Date	January 13, 2006

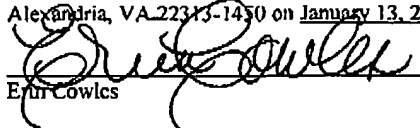
This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PAGE 2/16 * RCVD AT 1/13/2006 6:28:35 PM [Eastern Standard Time] * SVR:USPTO-EFAXF-6/26 * DNIS:2738300 * CSID:8013214893 * DURATION (mm:ss):04:28

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Erin Cowles

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/003,012 Confirmation No. 3257
Applicant : Benjamin N. Eldridge
Filed : November 2, 2001
TC/A.U. : 2829
Examiner : Vinh P. Nguyen

Docket No. : 20206-15

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FEE TRANSMITTAL

To Whom It May Concern:

1. Total Fee Paid: \$ 600.00**2. Method of Payment:**

☐ Check ☒ Credit Card ☐ Money Order ☐ Other ☐ None
☐ Deposit Account

Account Number 500843
Account Name Kirton & McConkie

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit overpayments
☒ Charge any additional fee(s) or any underpayment of fee(s)
to the above-identified deposit account.

3. Fee For Extra Claims:

Extra Claims					Fee/Claim		Fee Paid
Total Claims	38	- 39* =	0	x	50	=	0
Indp. Claims	9	- 6** =	3	x	200	=	600
Multiple Dependent Claims				x	360	=	0

* 20 or highest number of total claims previously paid for.

** 3 or highest number of independent claims previously paid for.

Appl. No. 10/003,012
Fee Transmittal dated January 13, 2006

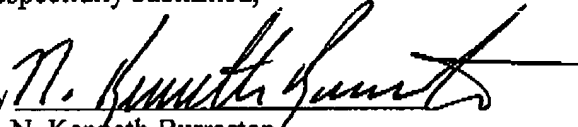
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Fee Description	Fee Paid
Surcharge – late filing fee or oath (\$130)	
Extension of one month (\$120)	
Extension of two months (\$450)	
Extension of three months (\$1020)	
Extension of four months (\$1590)	
Extension of five months (\$2160)	
Notice of Appeal (\$500)	
Filing appeal brief (\$500)	
Request for oral hearing (\$1000)	
Submission of IDS (\$180)	
Record patent assignment (\$40)	
RCE (\$790)	
Fee for Terminal Disclaimer (\$130)	
Fee for extra claims (from above):	\$600
Other: Suspension of Action	
Total:	\$600

Respectfully submitted,

Date: January 13, 2006

By


N. Kenneth Burraston
Reg. No. 39,923

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